

CLAIMS ONLY							Application Number <i>10/690,151</i>	Filing Date		
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	<u>1</u>						51			
2		<u>1</u>					52			
3		<u>1</u>					53			
4		<u>1</u>					54			
5		<u>1</u>					55			
6		<u>1</u>					56			
7		<u>1</u>					57			
8	<u>1</u>						58			
9	<u>1</u>						59			
10	<u>1</u>						60			
11	<u>1</u>						61			
12	<u>1</u>						62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21		<u>1</u>					71			
22							72			
23		<u>1</u>					73			
24		<u>1</u>					74			
25	<u>1</u>						75			
26	<u>1</u>						76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	<u>2</u>						Total Indep			
Total Depend	<u>9</u>						Total Depend			
Total Claims	<u>11</u>						Total Claims			